Colorado Department of Labor and Employment
Unemployment Insurance Employer Services, Premiums
P.O. Box 8789, Denver, CO 80201-8789
303-318-9100 (Denver-metro area) or 1-800-480-8299 (outside Denver-metro area)
www.colorado.gov/cdle/ui

REPORT OF WORK-SITE EMPLOYERS AND EMPLOYEES

As an employee-leasing company, you must provide all requested information for each work-site employer and its employees. Use a separate form for each work-site employer.

If you report all required reports for the work-site employer under your employee-leasing company's account number, you must break out the chargeable wages paid and premiums assessed for each work-site employer individually. In addition to the information requested below, for each work-site employer, you must submit the employee names, social security numbers, and wages earned for **all** work-site employees who performed work during the calendar quarters listed below. A computer-generated report is acceptable and may be submitted in place of this page if it includes **all** of the required information. A sample template is available online. Go to www.colorado.gov/cdle/ui, click on **Forms & Publications**, click on **Employer Forms**, and then click on "Sample Spreadsheet of Work-Site Employers and Employees (Employee-Leasing Companies)." If you submit a computer-generated report, it must follow the same format as the sample template.

If you report all workers' wages under the work-site employer's account number, you do **not** have to submit any wage information if all wages for the quarters requested below were submitted correctly via file transfer protocol, via the Internet, or on Form UITR-1a, Unemployment Insurance Report of Workers' Wages.

Name of Employee-Leasing Company		Unemployment Insurance Account Number		
Work-Site Employer Unemployment Insurance Account Number		Work-Site Employ	Work-Site Employer Federal Employer Identification Number	
Work-Site Employer Name				
Trade Name (Doing Business As)			Telephone Number	
Work-Site Address in Colorado	(include city, state, and ZIP code)			
If there is more than one Colora	do work-site address, provide any addition	onal address on another she	et of paper and attach or submit via CD.	
Number of Employees		Type of Business		
Provide the effective date and er	nding date of the written contract with the	e work-site employer		
Effective Date	Ending Date			
Provide the total chargeable wages paid for this work-site's employees and premiums assessed for the work-site during the previous calendar year.				
Flovide the total chargeable was	ges paid for this work-site's employees ar	iu premiums assesseu ioi t	the work-site during the previous calendar year.	
Year				
First Quarter	Chargeable Wages Paid		Premiums Assessed	
January-March				
Second Quarter	Chargeable Wages Paid		Premiums Assessed	
April-June				
Third Quarter	Chargeable Wages Paid		Premiums Assessed	
July-September				
Fourth Quarter	Chargeable Wages Paid		Premiums Assessed	
October-December				